

NORTH PIMA REGIONAL PARTNERSHIP COUNCIL FUNDING PLAN

July 1, 2009 – June 30, 2012

OVERVIEW OF THE THREE YEAR STRATEGIC DIRECTION

I. Regional Needs and Assets

Despite the infrastructure for early childhood services in metropolitan Tucson just south of the region, many children and their families in North Pima lack coordinated and comprehensive services within the regional boundaries. In order to learn more about the service gaps as well as existing community resources, the North Pima Regional Partnership Council engaged in several key activities. In addition to reviewing the regional needs and assets report and other community reports and data, Regional Council members traveled throughout the region for its monthly meetings in order to become acquainted with the various communities it represents. Further, community members from all parts of the region were invited to participate in the Regional Partnership Council's strategic planning process, including strategy workgroups that addressed specific goal areas and solicited expertise from key stakeholders.

As a result of these activities, several critical areas of need emerged. Even though the number of young children within the region has significantly grown in recent years, the number of high quality early care and education facilities has not expanded at a similar pace. Fewer than 10 percent of early care and education providers are accredited, and fewer than 35 percent of children age five and younger are in regulated care. Further, families have even fewer options for infant and toddler care.

Young children in North Pima also face several significant health needs. With regard to oral health, more than half of children age six to eight experience tooth decay, and 12 percent of these children require urgent treatment for dental health problems. Further compounding this problem is the shortage of pediatric dentists within the region, as well as the significant number of children without health insurance. Additionally, the Arizona Department of Health Services reports that only one-third of two-year-olds in the two incorporated towns within the region received the recommended number of immunizations in 2003.

Comprehensive and accessible family education and support is another critical area of need in North Pima. Interviews with parents and early childhood professionals in the region indicate the need for additional information about high quality early care and education programs, child development, and available parent education resources. Although there is a loose network of support in North Pima through schools, faith-based organizations, and other community settings, few social service agencies are physically located within the region. The lack of services throughout the region poses a challenge for families who are located within the rural areas that are far from metropolitan centers, or who have limited Internet access to assist in finding resources.

The early childhood education and care workforce in North Pima also faces several key challenges. Fewer than half of the early childhood educators in the region have education beyond a high school diploma, which is well

below the national average. Attracting educated and well-qualified professionals to early childhood education is challenging when the average annual salaries for this workforce are far below the median salary in the region. In addition, there is a significant shortage of early childhood specialists such as infant/toddler mental health specialists, speech/language pathologists, and other professionals to meet the special needs of children in the region.

The North Pima Regional Partnership Council has also noted the lack of public awareness and investment in early childhood issues within the region, in addition to a fragmented and often confusing service delivery system. However, with continued community participation and collaboration with other First Things First Regional Partnership Councils, the North Pima Regional Partnership Council looks forward to supporting advocacy efforts that increase public awareness and improve coordination among services for children and families throughout the region and the state.

Based upon the strategic planning process noted above, the North Pima Regional Partnership Council has prioritized the following needs to address over the next three years:

1. Limited access to high-quality early care and education programs and settings that provide an individualized continuum of support
2. Limited access to comprehensive services that support improved early childhood nutrition
3. Limited access to comprehensive family education and support services
4. Lack of highly qualified professionals to serve all children birth through age five
5. Improved awareness and enrollment of families in appropriate health-related programs
6. Lack of certified or licensed in-home early care providers
7. Limited education and support for early care and education providers regarding social-emotional and speech/language development in children birth through age five
8. Inadequate number of professionals to address the special needs of young children

II. Prioritized Goals and Key Measures

The North Pima Regional Partnership Council has prioritized the FTF Goals and Key Measures as follows:

Need: Limited access to high-quality early care and education programs and settings that provide an individualized continuum of support

Goal: (1) FTF will improve access to quality early care and education programs and settings.

Key Measures:

- Total number of early care and education programs participating in the QIRS system
- Total number of children enrolled in early care and education programs participating in the QIRS system
- Total number and percentage of early care and education programs participating in the QIRS system with a high level of quality as measured by an environmental rating scale

Need: Limited access to comprehensive services that support improved early childhood nutrition

Goals: (1) FTF will improve access to quality early care and education programs and settings.

(4) FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.

Key Measures:

- Number and percentage of early care and education programs with access to a Child Care Health Consultant

Need: Limited access to comprehensive family education and support services

Goals: (11) FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information & resources to support their child's optimal development.

(12) FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families.

(4) FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.

Key Measures:

- Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health
- Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being
- Percentage of families with children birth through age five who report they maintain language and literacy rich home environments
- Percentage of families with children birth through age five who report reading to their children daily in their primary language

Need: Lack of highly qualified professionals to serve all children birth through age five

Goals: (8) FTF will build a skilled and well prepared early childhood development workforce.
(9) FTF will increase retention of the early care and education workforce.

Key Measures:

- Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development
- Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree
- Retention rates of early childhood development and health professionals

Need: Improved awareness and enrollment of families in appropriate health-related programs

Goal: (4) FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.

Key Measures:

- Total number and percentage of children with health insurance
- Total number and percentage of children receiving appropriate and timely well-child visits
- Total number and percentage of children receiving appropriate and timely oral health visits
- Percentage of families who report they are satisfied with the level of coordination and communication among agencies [public, private, and tribal systems] serving their children

Need: Lack of certified or licensed in-home early care providers

Goal: (1) FTF will improve access to quality early care and education programs and settings.

Key Measure:

- Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of the total population of birth to age five

Need: Limited education and support for early care and education providers regarding social-emotional and speech/language development in children birth through age five

Goals: (10) FTF will enhance specialized skills of the early childhood development and health workforce to promote the healthy development of young children.
(4) FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.

Key Measures:

- Ratio of children referred and found eligible for early intervention

- Total number and percentage of children expelled from early care and education services
- Percentage of families with children birth through age five who report they maintain language and literacy rich home environments.
- Percentage of families with children birth through age five who report reading to their children daily in their primary language.

Need: Inadequate number of professionals to address the special needs of young children

Goal: (7) FTF will advocate for timely and adequate services for children identified through early screening.
(8) FTF will build a skilled and well prepared early childhood development workforce.

Key Measure:

- Total number and percentage of professionals who work with young children, outside of early care and education, who hold a credential, certificate, or degree in early childhood development or other appropriate specialty area

III. Strategy Selection

The North Pima Regional Partnership Council identified the following strategies to address the needs and incorporate the resources that exist within the region and its surrounding communities. These initial strategies represent the first stage of improving services for children and families, and are intended to be part of the Council's larger strategic direction that spans a three-year period. The intent of the strategic plan is to increase the coordination, communications, and efficiency of our early childhood system.

As the North Pima Regional Partnership Council revisits the strategic plan each year, it will continue to engage community stakeholders and partners to plan for and evaluate the implementation of strategies that clearly address the region's needs, assets, goals, and key measures.

Based on the regional needs, prioritized goals, and key measures listed earlier, the North Pima Regional Partnership Council has identified the following strategies:

Identified Need	Goal(s)	Key Measure(s)	Strategy
Limited access to high-quality early care and education programs and settings that provide an individualized continuum of support	(1) FTF will improve access to quality early care and education programs and settings.	-Total number of early care and education programs participating in the QIRS system -Total number of children enrolled in early care and education programs participating in the QIRS system -Total number and percentage of early care and education programs participating in the QIRS system with a high level of quality as measured by an environmental rating scale	Expand the number of centers/homes in the North Pima region participating in <i>Quality First!</i> beyond the statewide funded number Service Number: 15 early care and education programs

Identified Need	Goal(s)	Key Measure(s)	Strategy
Limited access to comprehensive services that support improved early childhood nutrition	<p>(1) FTF will improve access to quality early care and education programs and settings.</p> <p>(4) FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.</p>	<p>Number and percentage of early care and education programs with access to a Child Care Health Consultant</p>	<p>Expand Child Care Health Consultation</p> <p>Service Number: 30 early care and education programs</p>
Limited access to comprehensive family education and support services	<p>(11) FTF will coordinate and integrate with existing education and information systems to expand families' access to high quality, diverse and relevant information & resources to support their child's optimal development.</p> <p>(12) FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families.</p> <p>(4) FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.</p>	<p>-Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health</p> <p>-Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being</p> <p>-Percentage of families with children birth through age five who report they maintain language and literacy rich home environments</p> <p>-Percentage of families with children birth through age five who report reading to their children daily in their primary language</p>	<p>1. Develop, expand, and/or enhance home-visiting services</p> <p>Service Number: 60 families</p> <p>2. Develop, enhance, and/or implement inclusive family education and support services through collaborations among community/neighborhood-based locations</p> <p>Service Number: 200 families</p>
Lack of highly qualified professionals to serve all children birth through age five	<p>(8) FTF will build a skilled and well prepared early childhood development workforce.</p> <p>(9) FTF will increase retention of the early care and education workforce.</p>	<p>-Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development</p> <p>-Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree</p> <p>-Retention rates of early childhood development and health professionals</p>	<p>1. Implement a wage compensation and retention incentive program</p> <p>Service Number: 24 scholars</p> <p>2. Fund additional T.E.A.C.H. scholarships beyond those provided through participation in <i>Quality First!</i></p> <p>Service Number: 30 scholars</p>

Identified Need	Goal(s)	Key Measure(s)	Strategy
Improved awareness and enrollment of families in appropriate health-related programs	(4) FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.	<p>-Total number and percentage of children with health insurance</p> <p>-Total number and percentage of children receiving appropriate and timely well-child visits</p> <p>-Total number and percentage of children receiving appropriate and timely oral health visits</p> <p>-Percentage of families who report they are satisfied with the level of coordination and communication among agencies [public, private, and tribal systems] serving their children</p>	<p>- Increase outreach to address the following critical health needs of children birth through age five:</p> <ul style="list-style-type: none"> • Public insurance enrollment • Oral health • Immunizations • Participation in medical/dental homes • Mental health <p>Service Number: 500 children & 50% of pediatricians and dentists in the region</p>
Lack of certified or licensed in-home early care providers	(1) FTF will improve access to quality early care and education programs and settings.	Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of the total population of birth to age five	<p>Recruit and support early care and education home providers</p> <p>Service Number: 10 units</p>
Limited education and support for early care and education providers regarding social-emotional and speech/language development in children birth through age five	<p>(10) FTF will enhance specialized skills of the early childhood development and health workforce to promote the healthy development of young children.</p> <p>(4) FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.</p>	<p>-Ratio of children referred and found eligible for early intervention</p> <p>-Total number and percentage of children expelled from early care and education services</p> <p>-Percentage of families with children birth through age five who report they maintain language and literacy rich home environments.</p>	<p>Increase services in early care and education settings that support the social, emotional, and speech/language development of children</p> <p>Service Number: 15 early care and education programs</p>
Inadequate number of professionals to address the special needs of young children	<p>(7) FTF will advocate for timely and adequate services for children identified through early screening.</p> <p>(8) FTF will build a skilled and well prepared early childhood development workforce.</p>	Total number and percentage of professionals who work with young children, outside of early care and education, who hold a credential, certificate, or degree in early childhood development or other appropriate specialty area	<p>Recruit therapists using financial incentives</p> <p>Service Number: 3 therapists & 1 mentor/supervisor</p>

Strategy Worksheets

Strategy #1: Expand the number of centers/homes in the North Pima region participating in *Quality First!* beyond the statewide funded number.

The North Pima region currently has 59 early care and education centers, and 29 child care homes. These settings serve approximately 35% of the 17,678 children age five and under in the region, and only 8% of these programs are accredited by a national accreditation system, currently the only measure of high quality available in Arizona.

Quality improvement and rating systems are comprehensive strategies being used throughout the country to improve the quality of early care and education and inform families, providers, funders, regulators and policy makers about quality standards for early care and education. Currently 17 states are operating statewide quality improvement and rating systems, and another 30 states have local pilots or are developing their systems. Research conducted in 5 states with long-term quality improvement and rating systems, e.g. CO, NC, PA, TN and OK, show significant improvement in the quality of programs/settings participating in quality improvement and rating systems.

The First Things First Board approved funding to design, build and implement the first phase of *Quality First!*, Arizona's Quality Improvement and Rating System (QIRS) for early care and education centers and homes. Because so many of Arizona's youngest children are enrolled in child care, early education and preschool settings, the quality of programs is undeniably important.

State licensing regulations are considered adequate and minimal and do not include quality determiners, i.e. optimal recommended adult-child ratios, maximum group size, well-qualified personnel, and strong curriculum and environments. Many children are in settings where quality is poor or mediocre,¹ and poor quality settings may harm children or may be a barrier to optimal development.

Arizona will now have a system and working model of early childhood care and education quality standards, assessment and supports (financial and other) throughout the state, rather than multiple models, in order to ensure public confidence in its validity and to systematically evaluate outcomes for children.

Arizona's *Quality First!* includes the following components:

- **Administrative Infrastructure** at FTF for coordination of the statewide system
- **Standards/Rating Scale** to define the various levels of quality
- **Assessment** of quality using standardized tools and reliable assessors
- **Quality Improvement Plans** that set goals related to standards and assessment results
- **Coaching** to reach goals in the Quality Improvement Plan
- **Child Care Health Consultation** to address health issues
- **T.E.A.C.H. Scholarships** to enhance professional development of administrators, teachers, and

caregivers

- **Financial incentives and awards** for materials, equipment, and other improvements
- **Evaluation** to determine the effectiveness of the system in meeting its desired outcomes

North Pima anticipates that 7 centers and 2 homes will participate in the first round of *Quality First!* Because of the comprehensive nature of the *Quality First!* system, the North Pima Regional Partnership Council believes that additional participants will increase the number of high quality early care and education settings that are available to families. The North Pima Regional Partnership Council and community members identified an increase in high quality early care and education settings as the region's greatest need. By the end of the three year plan, North Pima would like to see 55% of centers and 30% of homes participating in *Quality First!*

1 Bryant.D., Bernier, K., Maxwell K., & Peisner-Feinberg, E. (2001) *Validating North Carolina's 5-star child care licensing system*. Chapel Hill, NC: University of North Carolina, Frank Porter Graham Child Development Center

Lead Goal: FTF will improve access to quality early care and education programs and settings.

Key Measures:

1. Total number of early care and education programs participating in the QIRS system
2. Total number of children enrolled in early care and education programs participating in the QIRS system
3. Total number and percentage of early care and education programs participating in the QIRS system with a high level of quality as measured by an environmental rating scale

Target Population:

FY10: 14 early care and education centers within the North Pima region

1 child care home within the North Pima region

The North Pima Regional Partnership Council estimates funding based on the number of centers and homes above; however, will make final determinations on the center-to-home ratio based on applications. In addition, priority will be given to applicants that fall outside of the state's priority areas to ensure that a wide representation of providers participate in the program.

Proposed Service Numbers	SFY2010 July 1, 2009 -June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	14 centers;	-continue FY10 providers; add 6	-continue FY11 providers; add 6

	1 home	centers and 3 homes	centers and 4 homes
Performance Measures SFY 2010-2012:			
<div>1. # of centers served through <i>Quality First!</i>/ 14 - proposed service #</div> <div>2. # of family care homes served through <i>Quality First!</i>/1 – proposed service #</div> <div>3. # and % of <i>Quality First!</i> centers improving their rating score by one level or more/ Actual # and %</div> <div>4. # and % of children served at early care and education settings rated at level 3 or higher/ Actual # & %</div>			
<div>• How is this strategy building on the service network that currently exists:</div> <p>FTF will fund 7 centers and 2 homes through the QIRS statewide effort. North Pima will build on the state system by funding an additional 14 centers and 1 home, bringing the number of participating centers to 35% of the total number in the region, and 10% of the total number of homes in the region. This strategy will allow North Pima to support early care and education providers that might not be eligible for statewide funding, such as providers who have previously participated in quality enhancement projects or who are nationally accredited.</p>			
<div>• What are the opportunities for collaboration and alignment:</div> <p>This strategy clearly aligns with the statewide strategy since it expands on that system. Through the components of <i>Quality First!</i>, collaborations among agencies offering the supports will be expanded and improved. In addition, Central and South Councils have identified this strategy in their strategic directions, which provide opportunities for cross-regional collaboration.</p>			
SFY2010 Expenditure Plan for Proposed Strategy			
Population-based Allocation for proposed strategy		\$442,000	
Budget Justification:			
<p>FTF staff provided <i>Quality First!</i> cost information, with a range of \$22,000 per home provider to \$27,000 - \$34,000 per center depending on size. The North Pima Regional Partnership Council used the average cost of \$30,000 for budgeting purposes. In order to support 35% of centers and 10% of homes within the region, the Regional Council is targeting an additional 14 centers and 1 home for region-funded participation. In subsequent years, the Regional Council intends to support these providers and increase the percentage of region-funded programs to 45% centers/20% homes for FY11, and 55% centers/30% homes for FY12.</p> <p>This budget assumes that providers will be funded for two years, on average. This assumption is based on the variance among participating providers; some may enter the system at a more advanced level, while others may need to participate for a longer period before receiving a rating. The Regional Council intends to support providers through both the improvement and the rating phases.</p>			

Strategy #2: Expand Child Care Health Consultation

Based on data from the regional strategic planning process, children in North Pima have many health-related needs. Chief among these is the need for comprehensive information and support to address root behaviors that cause a variety of health problems among young children. According to research conducted by FTF, there are numerous outcomes studies and publications that validate the impact of child care health consultation on early care and education programs. The North Pima Regional Partnership Council recommends this strategy because of its comprehensive nature in addressing numerous aspects of children's health, safety, and development.

A Child Care Health Consultant (CCHC) is a health professional with specialized knowledge of early childhood development, child care and child care regulation, community health, and social services. In addition to their professional credentials as nurses or other health professionals, Child Care Health Consultants receive 60 hours of instruction on:

- Health consultation skills
- Quality in early child care programs and how to measure quality
- Caring for children with special needs
- Infectious diseases and caring for children who are ill or temporarily disabled
- Injury prevention in the child care setting
- Oral health in the child care setting
- Mental health and supporting social and emotional development in the child care setting
- Nutrition and physical activity in the child care setting

- Skill building to work with child care providers and families

CCHC's assist early care providers in achieving high standards related to health and safety of the children cared for daily in early care and education settings.¹ CCHC's offer periodic, consistent monitoring visits and consultation as well as responding to emergent requests to provide assistance regarding the health of a specific child in care.

CCHC's also provide expert information and consultation on working and communicating with families of children enrolled in early care and education programs and provide referral and follow-up for needed community based services.

This strategy will not only improve access to health information for children and families, but will also provide much-needed support to early care and education providers. The North Pima Regional Partnership Council will build on this statewide strategy by allocating funds for an additional Child Care Health Consultant to serve early care and education settings within the region. This additional consultant will serve providers that are not participating in *Quality First!* to ensure that as many children, families, and providers receive these critical services as possible.

¹ Ramler, M., Nakatsukasa-Ono, W., Loe, C., Harris, K., (2006). *The Influence of Child Care Health Consultants in Promoting Children's Health and Well-Being: A Report on Selected Resources*, Educational Development Center, Newton, Ma.

Because of the widespread problem of childhood obesity, North Pima is particularly interested in ensuring that early care and education providers receive guidance around nutrition issues. This topic will be an area of emphasis for the consultant working with providers in the region. In addition, North Pima expects that the consultant will be a medical professional who has the appropriate qualifications to carry out the diverse tasks of the position.

Lead Goal: FTF will improve access to quality early care and education programs and settings.

Goal: FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.

Key Measures:

1. Number and percentage of early care and education programs with access to a Child Care Health Consultant

Target Population:

FY10: 30 early care and education providers within the North Pima region

FTF estimates that the average caseload for a Child Care Health Consultant is 30 settings. The North Pima Regional Partnership Council is allocating funds to support one consultant in the region. This consultant will serve providers that are not participating in *Quality First!*.

Proposed Service Numbers	SFY2010 July 1, 2009 -June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	30 early care and education providers	30 early care and education providers	30 early care and education providers

Performance Measures SFY 2010-2012:

1. Increase in # of early care and education providers with access to a Child Care Health Consultant / 30 proposed providers
2. # of children enrolled in nutrition and recreation course / Actual service #
3. # and % of parents who report increase in physical activity 6 weeks after course / Actual service # and %

- How is this strategy building on the service network that currently exists:

This strategy builds on the infrastructure that will exist through its implementation statewide. North Pima will build on the state system by supporting an additional consultant to serve in the region. This strategy will provide a consultant who will serve providers that are not participating in *Quality First!* so that they can benefit from these support services.

- What are the opportunities for collaboration and alignment:

This strategy aligns with the statewide initiative since it will utilize the infrastructure for child care health consultants. In addition, the strategy builds on the model that has been implemented in Pima County, allowing for increased collaboration among agencies that have participated in this model.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy	\$100,000
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Budget Justification:

The statewide allocation for *Quality First!* allows for only ten child care health consultants, which means that most early care and education providers will not receive services through the state-funded consultants. In order to serve additional providers, the North Pima Regional Partnership Council has designated funds to support one additional consultant, based on the estimated cost of \$100,000 provided by FTF.

Strategy #3: Develop, enhance, and/or implement inclusive family education and support services through home-visiting services

The research literature suggests that the most effective home visiting programs have been able to help parents learn parenting skills, prevent child abuse and neglect, and increase linkages with community services including health services. Home visiting is a service strategy used to bring services to families that may be geographically or socially isolated. When delivered well, home visiting services convey great respect for families because they indicate that the service system is coming to the family rather than the other way around. In addition, because home visitors actually see the households of their clients, they

may be better able to tailor services to meet family needs.¹

The primary focus of home visiting services is clearly to promote effective parenting and support parents as their child's first and most important teacher. If home visitors are also able to encourage families to enroll in health insurance, receive prenatal care and seek out a consistent medical home, then the home visiting services are greatly expanded to address those services for a family as well. Sometimes accessing and organizing all the services a family needs can be a struggle. Families may not be aware of their eligibility for certain assistance or funding streams, or the application paperwork may be onerous. It may also be discovered that families struggle with the practical difficulties of using public transportation in order to keep service appointments.

A home visiting professional is a person trained in child development who makes regular, scheduled visits to homes with infants or young children or families expecting a child, to answer questions, provide information and resources, assist parents in their parenting, or provide early detection of any developmental problems in the children. The home visitor works in a relationship-based manner with families to identify the services that they need and the subsidies to which they are entitled, to help them to fill out the forms to gain those services, and to negotiate with other service providers to make sure that the families are served promptly.

There are currently several successful home visiting programs in the North Pima region and in the nearby Tucson area, but they serve limited numbers of families or do not currently have the capacity to serve the smaller outlying and rural communities in the region. At present, fewer than 110 families receive home visiting services in a region that has more than 17,000 children age five and younger. In addition, the majority of families receiving home visiting services in the region live within the boundaries of the Marana Unified School District, which offers a home visiting program. However, there are many other communities in the region that do not have access to home visiting services because of their geographic location or because of strict eligibility requirements. This strategy will allow existing programs to expand their areas of service delivery, as well as encourage participation of more families who do not have to meet income or high-risk eligibility requirements.

The North Pima Regional Partnership Council expects that home visiting services funded under this strategy will offer a comprehensive program to the families they serve. Specifically, each family should receive information and support in each of the focus areas below:

- All domains of child development (physical, cognitive, social, emotional, language, aesthetic)
- Natural support for families/peer support
- Resource and referral information
- Health-related issues (i.e. nutrition, obesity, breastfeeding, physical activity, immunizations, oral health, insurance enrollment, participation in medical/dental homes)
- Child/Family literacy

¹Barnard, K. (1998). Developing, implanting and documenting interventions with parents and young children. *Zero to Three*, 18(4) 23-29.

Daro, D., McCurdy, K., Falconnier, L., & Stojanovic, D. (2003). Sustaining new parents in home visitation services: Key participant and program factors. *Child Abuse and Neglect*.

Lead Goal: FTF will coordinate and integrate with existing education and information systems to expand families access to high quality diverse and relevant information and resources to support their child's optimal development

Goal: FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families

Goal: FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care

Key Measures:

1. Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health
2. Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child's safety, health, and well-being
3. Percentage of families with children birth through age five who report they maintain language and literacy rich home environments
4. Percentage of families with children birth through age five who report reading to their children daily in their primary language

Target Population:

This strategy is intended to target all communities within the region with priority given to programs that will expand/implement services in rural or underserved areas of the region.

Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 -June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	60 families	70 families	80 families

Performance Measures SFY 2010-2012:

1. # of families receiving home visiting services/60 – proposed service #
2. # and % of families that reported satisfaction with provided home visiting support/ Actual # & %
3. # and % of families showing increases in parenting knowledge and skill after receiving home visiting support/ Actual # and %
4. # and % of families reporting an increase in the # of days family reads/ Actual # and %

- How is this strategy building on the service network that currently exists:

There are currently several home visiting programs that serve families in the North Pima region. This strategy provides an opportunity to build on these existing services by allowing them to expand to serve areas or populations that they do not currently serve.

- What are the opportunities for collaboration and alignment:

A consortium of home visiting programs recently began meeting in Tucson. This strategy encourages agencies that apply for funding through FTF to participate in that consortium in order to better coordinate efforts. In addition, both Central and South Pima Councils are recommending this strategy, which will provide a potential opportunity for agencies to collaborate on their application as well as their service delivery.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy	\$300,000
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Budget Justification:

Based on a review of existing home visiting services, North Pima estimates that one Family Educator for this strategy would cost \$50,000, including salary; benefits; mileage; instruction; and supplies. The caseload for each individual would vary depending on the level of support that each family requires. The budgeted amount allows for six Family Educators in the region with an estimated caseload of 10 families, and allows for an average cost of \$5,000 per family. However, fewer positions may be funded in the first year due to start-up costs related to educating staff and the purchase of materials and supplies.

Strategy #4: Develop, enhance, and/or implement inclusive family education and support services through collaborations among community/neighborhood-based locations (i.e. schools, universities, libraries, faith-based organizations, community centers, medical facilities, businesses, early care and education facilities, parks and recreation services)

Family support and education is a critical need in North Pima. Not only do families require information about child development and access to high quality early care and education programs, but they also can benefit from increased knowledge about available resources as well as recognition that they may need such resources and support. Children who experience sensitive, responsive care from a parent perform better academically and emotionally. Beyond the basics of care and parenting skills, children benefit from positive interactions with their parents (e.g. physical touch, early reading experiences, and verbal and visual communications). Children depend on their parents to ensure they live in safe and stimulating environments where they can explore and learn.

While some families throughout the region may qualify for and participate in home visiting programs, many other families may not be comfortable with that type of service and may prefer to access services in other settings in which they feel secure. In addition, many families travel to the Tucson area for services since few programs extend into the most rural areas within North Pima boundaries. This strategy provides an opportunity for existing community-based programs to expand to rural and unserved areas in the region. It also allows for collaboration among a variety of community/neighborhood locations that already draw families, such as schools, faith-based organizations, early care and education facilities, and even businesses where parents are employed.

In order to address the distinct needs of families in North Pima, the Council will invite community entities to submit a variety of proposals to enhance family support services that are both evidence-based and relevant to the community served.

Programs providing family education and support services through this strategy must address one or more of the following focus areas:

- All domains of child development (physical, cognitive, social, emotional, language, aesthetic)
- Natural support for families/peer support
- Resource and referral information
- Health-related issues (i.e. nutrition, obesity, breastfeeding, physical activity, immunizations, oral health, insurance enrollment, participation in medical/dental homes)
- Child/Family literacy

Preference will be given to approaches that are research-based and applicants that can demonstrate positive outcomes for children and families in the region.

Lead Goal: FTF will coordinate and integrate with existing education and information systems to expand families access to high quality diverse and relevant information and resources to support their child's optimal development

Goal: FTF will increase the availability, quality and diversity of relevant resources that support language and literacy development for young children and their families

Goal: FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care

Key Measures:			
<div><div>1. Percentage of families with children birth through age five who report they are satisfied with the accessibility of information and resources on child development and health</div><div>2. Percentage of families with children birth through age five who report they are competent and confident about their ability to support their child’s safety, health, and well-being</div></div>			
Target Population:			
This strategy targets all families in the North Pima region, with emphasis on those in rural communities and communities where few services currently exist.			
Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	200 families	225 families	250 families
Performance Measures SFY 2010-2012:			
<div><div>1. # and % of families that reported satisfaction with provided family support/ Actual # and %</div><div>2. # and % of families showing an increase in parenting knowledge and skill after receiving family support/ Actual # and %</div></div>			
<div><div>• How is this strategy building on the service network that currently exists:</div><div>Although numerous family support services exist in the Tucson area south of the North Pima region, few are actually conducted in the region itself. This strategy provides an opportunity for services to expand to rural and underserved communities within the region, but also allows for the development of new services.</div></div>			
<div><div>• What are the opportunities for collaboration and alignment:</div><div>This strategy emphasizes collaboration among numerous community and neighborhood-based entities. Not only will existing services be able to expand further into the region, but additional partnerships can develop among the various community and neighborhood settings listed above.</div></div>			
SFY2010 Expenditure Plan for Proposed Strategy			
Population-based Allocation for proposed strategy	\$100,000		
Budget Justification:			
The North Pima Family Support Strategy Group reviewed a sampling of family education and support programs in the region and the Tucson area. There is a significant variance in the types of education and			

support programs, and costs vary depending on the duration and scope of the service. The North Pima Regional Partnership Council estimates that the \$100,000 allocation for this strategy will allow for the expansion of existing services as well as the development of new services that will reach approximately 200 families in the first funding year. The \$100,000 allocation is expected to include multiple awards but may include a single award.

Strategy #5: Implement a wage compensation and retention incentive program tied to TEACH Early Childhood Arizona scholars' completion of early childhood education degree.

In Arizona, the early care and education workforce typically receives compensation below what is considered a livable wage. The median hourly salary of early care and education teachers in Arizona is \$9.75 or \$20,280 annually as reported in "A Decade of Data: The Compensation and Credentials of Arizona's Early Care and Education Workforce" (2008); the federal poverty level is \$21,200 for a family of four. Low wages present barriers to encouraging high-quality, well-educated, and well-trained personnel to enter the field. Additionally, lack of appropriate compensation causes a high rate of turnover among early childhood professionals. In turn, young children receive lower quality care in environments where caregivers often change. Wage enhancement programs incentivize teachers, staff and family child care home providers to increase their educational qualifications by taking college coursework in early childhood education.

Early care and education professionals in North Pima earn, on average, significantly less than the median annual salary in the region. Wage enhancement models throughout the country have illustrated the connection between higher compensation, increased education levels, and higher retention rates among educators of young children. Research also shows that higher education levels and low turnover rates directly affect the quality of care that young children receive. A salary incentive program has the potential to increase retention rates as well as education levels. This strategy provides a system that addresses both issues as salary incentives will be tied to T.E.A.C.H. scholars' completion of early childhood education coursework.

FTF policy staff is currently researching salary enhancement models, and the North Pima Regional Partnership Council will implement whatever model FTF ultimately selects as a wage compensation and retention incentive program.

Lead Goal: FTF will increase retention of the early care and education workforce.

Goal: FTF will build a skilled and well-prepared early childhood development workforce.

Key Measures:

1. Retention rates of early childhood development and health professionals
2. Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development
3. Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree

Target Population:

This strategy targets scholars who are participating in T.E.A.C.H. and who will receive wage enhancement upon completion of educational steps. The regional allocation for this strategy assumes that 80% of region-funded T.E.A.C.H. scholars will complete educational goals.

FY10: 80% of 30 T.E.A.C.H. scholars = 24 scholars

FY11: 80% of 40 T.E.A.C.H. scholars = 32 scholars

FY12: 80% of 50 T.E.A.C.H. scholars = 40 scholars

Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 - June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	24 scholars	32 scholars	40 scholars

Performance Measures SFY 2010-2012:

1. # of professionals pursuing degree in early childhood / 24 – proposed #
2. # and % of degreed professionals in early care and education / Actual # and %
3. # and % of early care and education teachers/assistant teachers retained for 3 years / Actual number and %
4. # and % of early care and education directors retained for 5 years / Actual number and %

- How is this strategy building on the service network that currently exists:

This strategy directly ties into the T.E.A.C.H. and *Quality First!* systems and builds on both. It also relies

on the network of existing higher education institutions, and will require increased capacity at that level.

- What are the opportunities for collaboration and alignment:

There is great interest in the early childhood community in connecting increased compensation to increased levels of education. This strategy is also under consideration at the state level as well as the neighboring Central and South Pima regions.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy	\$48,000
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Budget Justification:

Based on other national models of wage enhancement, North Pima estimates that the average compensation for scholars completing higher education coursework and degrees is \$2,000. Depending on what FTF will develop as a statewide strategy, this amount may be adjusted. Compensation packages may be established at different rates for different levels (i.e. less for someone completing an AA than for someone completing a BA). If FTF has not identified a compensation plan by the beginning of FY10, North Pima funds for this strategy will carry over in order to implement the plan regionally once FTF determines what will be supported at the state level.

Strategy #6: Fund additional T.E.A.C.H. scholarships beyond those provided through participation in *Quality First!*

The North Pima Regional Partnership Council recognizes the need to support the professional development of the early care and education workforce. The key to high quality care is linked to the education and stability of the early childhood workforce. The preparation and ongoing professional development of early educators is a fundamental component of a high quality early learning system. There is an extensive body of research showing that the education and professional development of teachers and administrators is strongly related to early childhood program quality and that program quality predicts development outcomes for children¹.

The Regional Council recognizes and supports all four elements of the scholarship program:

- **Scholarships** - The scholarship usually covers partial costs for tuition and books or assessment fees. Many scholarships require that the recipient receive paid release time and a travel stipend.
- **Education** - In return for receiving a scholarship, each participant must complete a certain amount of education, usually in the form of college coursework, during a prescribed contract period.

- **Compensation** - At the end of their contract, after completing their educational requirement, participants are eligible to receive increased compensation in the form of a bonus (ranging from \$100 to \$700) or a raise (4% or 5%). Arizona will establish the formulas for each.
- **Commitment** - Participants then must honor their commitment to stay in their child care program or the field for six months to a year, depending on the scholarship program that Arizona designs.

Funding support can cover coursework: tuition, fees, materials and supplies associated with the course and the course activities; access: travel costs (gas or transportation fare), students' own child care costs, substitute staffing; and academic support: study and class preparation time, tutorial services and advisement. Compensation can include: stipends and reimbursements, rewards, awards, bonuses for education completion and retention initiatives.

This strategy will fund additional T.E.A.C.H. scholarships beyond those provided through participation in *Quality First!* Based on information obtained from the North Pima Needs and Assets report, more than half of individuals working as teachers and assistants in early care and education settings have only a high school diploma or the equivalent. The North Pima Regional Partnership Council wants to ensure that all teaching staff funded through the regional allocation for *Quality First!* will be able to access T.E.A.C.H. scholarships. In addition, this regional allocation provides scholarships for educators who are not participating in *Quality First!*

¹Ohio Department of Education (January 2006). *Critical Issues in Early Educator Professional and Workforce Development*. Columbus, OH:

Lead Goal: FTF will build a skilled and well prepared early childhood development workforce.

Goal: FTF will increase retention of the early care and education workforce.

Key Measures:

1. Total number and percentage of professionals working in early childhood care and education settings with a credential, certificate, or degree in early childhood development
2. Total number and percentage of professionals working in early childhood care and education who are pursuing a credential, certificate, or degree
3. Retention rates of early childhood development and health professionals

Target Population:

All areas of the North Pima region would be eligible for participation. Scholarships would target scholars in regionally-funded *Quality First!* centers and homes first. Additional scholarships would be available for providers that are not participating in the quality improvement and rating system. The number of scholarships increases annually based on the number of providers that are regionally-funded for participation in *Quality First!* over the three year funding cycle.

Proposed Service Numbers	SFY2010 July 1, 2009 - June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	30	40	50

Performance Measures SFY 2010-2012:

1. # and % of professionals with licenses working in early care and education/ Actual # and %
2. # and % of degreed professionals working in early care and education/ Actual # and %
3. # and % of professionals pursuing a degree in early childhood education/ 30 – proposed # & %

- How is this strategy building on the service network that currently exists:

This strategy will utilize local colleges and universities to deliver the required courses for scholars to complete their educational goals. It will also build on the statewide T.E.A.C.H. system.

- What are the opportunities for collaboration and alignment:

Cohorts of staff from various early care and education settings throughout the Southeast Arizona regions might be created to better support the scholars and to maximize use of higher education staff providing coursework. This strategy also builds on the statewide T.E.A.C.H. system.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy	\$65,400
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Budget Justification:

Based on information from FTF policy staff and the South Pima Regional Partnership Council, North Pima determined that the funding per scholar will be \$2,180 per scholar per year. This amount is based on the estimated cost per scholar of \$1,600 provided by FTF policy staff. In addition, the allocation allows for a \$500 bonus as well as 10 hours of release time at \$8.00 per hour per scholar. Exact bonus and release time hours will be established by the administering agency and are unavailable at this time. These proposed amounts may need to be adjusted to align with the T.E.A.C.H. model for Arizona once it is finalized. The number of scholars will increase annually based on the increases in regionally-funded *Quality First!* participants.

Strategy #7: Increase outreach to address the following critical health needs of children birth through age five:

- Public insurance enrollment
- Oral health
- Immunizations
- Participation in medical/dental homes
- Mental health

Children without medical insurance have difficulty obtaining primary and specialty care. They are more likely to be sick as newborns, less likely to be immunized as preschoolers, and less likely to receive medical treatment for injuries. Undiagnosed and untreated medical conditions can result in long-term health and learning problems.¹

According to the North Pima Needs and Assets report and information from other community reports and data, many children in the region are not receiving critical health care. Many children do not have oral health check-ups before they enter school or on a regular basis, and even fewer have the recommended first dental visit by 1 year of age. In addition, many others are eligible for public health insurance through AHCCCS or KidsCare but are not currently enrolled. Children who have health insurance are more likely to receive preventative health care. Further, available data indicate that fewer than half of two-year-olds in Marana and Oro Valley, two municipalities in North Pima, receive the recommended schedule of immunizations. Overall, there is a need for increased awareness of the importance and recommended timing of preventative medical and oral health care, including among physicians and general dentists.

Through better education for health care providers, families, and service providers that have contact with children birth through age five, more children can receive insurance, early oral health check-ups, immunizations, and regular doctor's visits. This strategy focuses on providing information to address these needs, public health insurance enrollment, and referral to needed resources and does not intend to fund service delivery. Applicants will apply to conduct outreach regarding public health insurance enrollment; physician education; and/or family education regarding preventive health care. Outreach activities should build on and enhance existing efforts that community-based and state organizations currently implement.

Specifically, applicants will identify which of the two areas of focus their outreach activities will address:

- 1) increasing public insurance enrollment and providing information regarding additional health/mental health resources; and/or
- 2) increasing medical professionals' and families' knowledge of recommended guidelines for preventative medical and oral health care.

¹Children's Action Alliance (2000). Make Kids Count: Closing the Gap in Children's Health Coverage. 4001 North Third Street, Suite 160, Phoenix, Arizona, 85012.

Lead Goal: FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.

Key Measures:

1. Total number and percentage of children with health insurance
2. Total number and percentage of children receiving appropriate and timely well-child visits
3. Total number and percentage of children receiving appropriate and timely oral health visits
4. (Coordination): Percentage of families who report they are satisfied with the level of coordination and communication among agencies [public, private, and tribal systems] serving their children

Target Population:

This strategy targets all children in the North Pima region who do not have public health insurance but are eligible. Special attention may be needed for families in rural, more remote areas of the region. It also targets families of newborns to educate them regarding the timelines for well visits and dental care, through venues including dental and physician offices, early care and education settings, and WIC clinics. In addition, this strategy targets pediatricians and dentists throughout the region to provide them with information to refer and provide dental health visits for children beginning at 1 year of age, and to follow recommended guidelines for preventative medical and dental care.

Proposed Service Numbers	SFY2010 July 1, 2009 -June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	500 children 50% of pediatricians and dentists in the region	500 children 70% of pediatricians and dentists in the region	500 children 90% of pediatricians and dentists in the region

Performance Measures SFY 2010-2012:

1. # and % of children with health insurance / Actual # and %
2. # and % of children receiving dental visit by age 1 / Actual # and %
3. # and % of children with a medical home / Actual # and %
4. # and % of children with a dental home / Actual # and %

- How is this strategy building on the service network that currently exists:

This strategy proposes using existing points of contact to inform families and medical practitioners about insurance enrollment and preventative health guidelines by providing materials and education to community partners who have direct contact with families.

- What are the opportunities for collaboration and alignment:

All outreach efforts conducted under this strategy should be aligned with existing outreach and enrollment assistance conducted by other community entities. Such efforts would include those that are implemented by state health agencies and other social service organizations. Grantees under this strategy could connect with existing providers that serve as a point of contact for families with young children to disseminate information. In addition, opportunities for alignment exist with other Regional Partnership Councils in the Southeast region who are implementing a similar strategy.

SFY2010 Expenditure Plan for Proposed Strategy	
Population-based Allocation for proposed strategy	\$75,000
Budget Justification: This allocation is intended to allow for the enhancement and/or expansion of existing outreach efforts and is not intended to fund one full-time employee at any one entity. Instead, the RFGA will specify that there is up to \$75,000 available, with the intent to award between 3 and 5 grants at \$15,000 - \$20,000 each.	

Strategy #8: Recruit and support early care and education home providers

The North Pima region contains many areas that do not have licensed or certified early care and education providers. Specifically, there are no regulated providers serving infants in three zip code areas which contain over 16% of children age five and younger in the region. This strategy will recruit and provide ongoing support to family care and group home providers in areas of the region that most need child care providers. This strategy will focus on recruiting currently unregulated homes to become regulated or licensed.

An additional area of emphasis for this strategy is to develop a learning community and a support network among the recruiter and the providers, which is essential to their long-term success and the quality of their services. The success of this strategy is based on relationship building between the recruiter and potential providers. Support activities for both the certification or licensure process as well as ongoing quality improvement can include, but are not limited to: monthly or quarterly networking meetings for providers that allow for discussion and guest speakers on numerous topics; regularly scheduled individual phone calls and visits from the recruiter; financial support for memberships to national accreditation associations; financial support for attending professional development activities such as community seminars; information on resources and ideas related to children's activities, home environment; etc.; and information on operating and marketing their business.

Modest start-up grants will be available to assist early care providers in modifying existing facilities to allow them to adhere to certification or licensing requirements once the application for licensure or certification has been submitted. Modifications must be intended to improve their regulatory status in order to be eligible for participation in *Quality First!* and to raise the level of quality care across all settings.

The recruiter/support person must have knowledge and training on the state assessment tools (i.e. CLASS and other tools used in *QF!*). The goal is to recruit high quality home providers and they should use these assessment tools as part of the process. The North Pima Regional Partnership Council expects that providers who are recruited under this strategy will ultimately participate in *Quality First!*

Lead Goal: FTF will improve access to quality early care and education programs and settings.

Key Measures:

1. Total number of children enrolled and vacancies in regulated early care and education programs as a proportion of the total population birth to age five

Target Population:

This strategy targets North Pima child care providers who are already serving families but who are unregulated. Emphasis is placed on providers in rural areas of the region and those who care for infants and toddlers.

Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 – June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	10 units (1 DES home = 1 unit 1 DHS group home = 2 units)	15 units (1 DES home = 1 unit 1 DHS group home = 2 units)	20 units (1 DES home = 1 unit 1 DHS group home = 2 units)

Performance Measures SFY 2010-2012:

1. # of new, unregulated providers becoming certified or licensed early care settings serving infants & toddlers / Actual #
2. # of new, unregulated providers becoming certified or licensed early care settings serving infants through preschoolers / Actual #

- How is this strategy building on the service network that currently exists:

Since it is a fact that unregulated child care exists in most communities, this strategy is intended to build on that asset, but is devised to only assist unregulated providers in becoming certified or licensed. Once a provider enters into regulatory status, this strategy can provide modest start-up grants, coaching, and a support network with regulated providers as an incentive and affirmation to maintain the regulated status. In addition, a requirement for receiving FTF funding will be enrollment in *Quality First!* in the second or third year of the grant cycle. This participation will provide the new child care setting with the needed supports for continuous quality improvement.

This strategy will be implemented in coordination with DES Child Care Administration, which currently contracts for this service throughout the state.

- What are the opportunities for collaboration and alignment:

All providers funded through this strategy will be required to participate in *Quality First!* in the second or third year of operation. The *Quality First!* umbrella will provide a framework for alignment of standards of quality. Participating providers will also have the added benefits of T.E.A.C.H. and a wage enhancement program.

SFY2010 Expenditure Plan for Proposed Strategy

Population-based Allocation for proposed strategy	\$100,000
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Budget Justification:

A D.E.S. staff member participated in the strategic planning processes of several Pima Regional Partnership Council's and indicated that \$2,500 would support the costs of a family child care home provider or group home in becoming regulated or licensed. A total of 10 units would cost up to \$25,000 for the certification or licensing process. The remaining \$75,000 of the allocation will support an individual to recruit and provide ongoing support services to providers. Approximately \$60,000 includes personnel-related expenses such as salary, ERE, travel, materials, supplies, and office space. The remaining \$15,000 would be used for start-up funds for providers and ongoing support activities such as group meetings and informal events for in-home providers.

Strategy #9: Increase services in early care and education settings that support the social, emotional,

and speech/language development of children.

Young children who have developmental delays often experience continued delays and related challenges as they grow. Research suggests that preschool children with early language delays have a higher rate of reading problems than children without language delays. These delays often translate into difficulty learning to read and write once they enter school, which negatively affects their academic progress as well as their overall experience in the classroom.¹

Similarly, many young children who exhibit challenging behavior in early care and education settings have a significant likelihood of continuing to struggle into adolescence and adulthood. Challenging behaviors may include physical aggression towards others, inappropriate language, consistent refusal to participate in classroom activities, frequent yelling and screaming, and self-harming behaviors. When caregivers in early care and education programs do not have adequate guidance and support to deal with these behaviors, they often resort to expulsion of the child from the facility. According to a 2005 study of pre-kindergarten expulsions conducted by the Yale University Child Study Center, the national pre-kindergarten expulsion rate is 3.2 times higher than the rate for K-12 students. In Arizona, the rate of preschool expulsions is nearly 3 times higher than that for K-12 students in the state.²

The same study indicated that teachers reported fewer expulsions when they had access to a mental health consultant who provided classroom-based strategies for dealing with challenging behavior. Key factors in the consultation included access to a mental health professional who could come directly to the classroom to address a specific behavior, as well as an ongoing relationship between teachers and the consultant. A minimum of monthly visits to the classroom helped establish this relationship.

In order to increase services within early care and education settings, North Pima has allocated funding to support the involvement of early intervention specialists such as speech language pathologists and early childhood mental health specialists in these settings. This involvement includes ongoing instruction, consultation, and mentoring for teachers in centers and caregivers in regulated homes. The components of the strategy are:

- educating staff to identify “red flags” regarding developmental delays;
- mentoring staff and educating parents to enrich speech, language, communication, literacy and social-emotional growth for all children;
- facilitating parent education and referrals for formal state funded screening and/or intervention services;
- conducting hearing screenings.

In order to implement this strategy, the North Pima Regional Partnership Council anticipates the need for two distinct types of professionals to work with early care and education facilities based on the needs of the facilities. Applicants for this strategy can apply to provide a speech language pathologist **and/or** an early childhood mental health specialist, depending upon the applicant’s area of expertise and staff capacity. The intent of this strategy is to provide education, consultation, and mentoring for teachers and families. This includes activities such as, but not limited to: instruction on positive behavior supports; classroom and family activities focusing on developing language skills that are the foundation for early literacy; technical assistance regarding individual children’s needs; and guidance

for families and teachers regarding access to appropriate services.

This strategy addresses the critical need to identify developmental delays as early as possible. If a child experiences a significant delay, parents and caregivers are more likely to detect the problem and make a referral for appropriate screening and treatment. However, many children are ineligible to receive services through the state early intervention systems because of stringent requirements. These children, who do have some developmental challenges, fall in the gap between children who are typically developing and those who are eligible for services because of a significant delay. This strategy attempts to address this problem by providing guidance to teachers and families regarding appropriate supports for these children.

This strategy not only addresses the issue of identifying developmental problems, but also increases professional development among early childhood educators. Further, the work of these specialists in early care and education settings also provides much-needed information and support to families who are primarily responsible for ensuring their child's optimal development.

¹ National Center for Learning Disabilities, May 2006. LD Talk with Dr. Diane R. Paul and Dr. Froma P. Roth. Retrieved November 5, 2008, from www.ncld.org/content/view/1000/

² Gilliam, W.S. (May 2005). *Prekindergarteners left behind: Expulsion rates in state prekindergarten systems*. New Haven, CT: Yale University Child Study Center.

Lead Goal: FTF will enhance specialized skills of the early childhood development and health workforce to promote the healthy development of young children.

Goal: FTF will collaborate with existing Arizona early childhood health care systems to improve children's access to quality health care.

Key Measures:

1. Ratio of children referred and found eligible for early intervention
2. Total number and percentage of children expelled from early care and education services
3. Percentage of families with children birth through age five who report they maintain language and literacy rich home environments
4. Percentage of families with children birth through age five who report reading to their children daily in their primary language

Target Population:

This strategy targets centers throughout the region that serve children birth through age five. Providers do not have to participate in *Quality First!*, but the Regional Council will need to determine selection criteria.

Proposed Service Numbers	SFY2010 July 1, 2009 -June 30, 2010	SFY2011 July 1, 2010 – June 30, 2011	SFY2012 July 1, 2011 - June 30, 2012
	15 early care and education settings	20 early care and education settings	20 early care and education settings

Performance Measures SFY 2010-2012:

1. # of early care and education providers receiving early intervention services/ 15 – proposed #	
2. # and % of children in participating settings referred and found eligible for early intervention services/ Actual # and %	
<ul style="list-style-type: none"> How is this strategy building on the service network that currently exists: This strategy builds on services that are currently provided through state intervention agencies, but enhances these services by training early childhood staff in identifying red flags for timely referral for screening. This strategy provides opportunities for graduates of higher education institutions to focus their work on very young children in communities that have limited support in early intervention. In addition, current professionals who seek to increase part-time work hours can take advantage of this strategy since it offers a flexible schedule. 	
<ul style="list-style-type: none"> What are the opportunities for collaboration and alignment: There are many opportunities for collaboration within this strategy. Applicants who apply to administer these services will coordinate with existing early intervention specialists as well as with the early care and education facilities that participate. Further, specialists can help facilitate a strengthened connection between families, early care and education programs, and a child's home school district. This relationship can ensure that families receive appropriate information regarding available resources within their school district, as well as ensure continuity of services for children who enter public schools. 	
SFY2010 Expenditure Plan for Proposed Strategy	
Population-based Allocation for proposed strategy	\$150,000
Budget Justification: <p>The \$150,000 allocation for this strategy is based on approximately \$7,000 per year per facility (assuming facilities are open year-round). This amount allows for materials and supplies as well as approximately 12 hours per month per facility, with a \$50 per hour cost for speech language pathologists/early childhood mental health specialists. The 12 hours include staff instruction, consultation, mentoring, family education, and hearing screening. The remaining \$45,000 in funding is allocated for administrative costs related to the applicant's management of the services (i.e. part-time personnel costs; maintaining contact with providers; developing program materials; coordinating specialists' schedules and sites; etc.).</p> <p>The North Pima Regional Partnership Council anticipates serving 15 facilities in FY10. The second year of funding will provide continued support for these facilities, though at a less intensive level. In addition, five new providers will receive support in FY11. In the third funding year, five new facilities will participate, and decreased support will continue for the participants from the previous two years.</p> <p>Due to the current shortage of early intervention specialists throughout the region and the state, this strategy assumes that the professionals who would conduct these services are specialists who are looking for additional part-time hours. This allocation is primarily based on the cost of service delivery, with the exception of administrative costs to the applicant for implementing the program. An applicant could apply to support a full-time specialist if one were available.</p>	

Strategy #10: Recruit therapists using financial incentives

Throughout Arizona, there is a critical shortage of therapists with the necessary education and experience to appropriately address the needs of young children from birth through age five, a time when intervention can have the greatest impact. This shortage is evident in North Pima as well, particularly in the more rural and remote areas of the region. Even families who live in metropolitan communities typically have to travel south to Tucson to receive services, or wait for extended periods of time before a specialist who can come to their area is available.

This strategy is intended to provide an incentive through stipends for therapists to work in North Pima communities, specifically with children birth through age five. The stipend includes an annual financial incentive, payment of state licensing fees, and payment for a licensed mentor/supervisor during the first year after graduation. All types of therapists are eligible for this incentive, with a particular emphasis on speech language pathologists and early childhood mental health professionals. The three-year incentive plan requires a service commitment of three years working with children birth through age five in North Pima.

Lead Goal: FTF will advocate for timely and adequate services for children identified through early screening.

Goal: FTF will build a skilled and well prepared early childhood workforce.

Key Measures:

1. Total number and percentage of professionals who work with young children, outside of early care and education, who hold a credential, certificate, or degree in early childhood development or other appropriate specialty area

Target Population:

This strategy would be implemented across the North Pima region, but with special consideration given to graduates/professionals who would complete their service commitment in outlying communities that currently have limited access to services.

Proposed Service Numbers	SFY2010	SFY2011	SFY2012
	July 1, 2009 – June 30, 2010	July 1, 2010 – June 30, 2011	July 1, 2011 - June 30, 2012
	3 therapists	3 FY10 therapists	3 FY10

	1 mentor/supervisor	1 new therapist 1 mentor/supervisor	therapists 1 FY11 therapist
Performance Measures SFY 2010-2012:			
1. # of providers with specialized services (i.e. licensed speech language therapists or endorsed infant/toddler mental health specialists) / 3 – proposed service #			
<ul style="list-style-type: none">How is this strategy building on the service network that currently exists: <p>FTF staff has presented the state Board with several strategy possibilities in the area of early intervention. This recruitment strategy builds on the recommendation to implement a scholarship system that would increase the speech language pathologists in Arizona by 30 professionals. While that recommendation focuses on students attending Arizona State University in Phoenix, North Pima incentives could attract these graduates to the region. In addition, the University of Arizona in Tucson has a speech language program from which graduates can be recruited to work specifically within North Pima.</p> <p>With regard to the educational network, this strategy builds on existing programs for speech language pathologists within the three universities in the state. ASU offers a program in Tucson and through distance learning specializing in children birth through age five. ASU also offers an Infant Mental Health Endorsement through its School for Social and Family Dynamics.</p>			
<ul style="list-style-type: none">What are the opportunities for collaboration and alignment: <p>A second recommendation to the state Board regarding early intervention also builds on the scholarship system by offering incentives to 15 physical and occupational therapists who agree to work in medically under-served Arizona communities. If approved, this program would align with the North Pima strategy of recruitment, and similar strategies across the state could be implemented with the same administrative home, as is the case with <i>Quality First!</i> and T.E.A.C.H.</p> <p>Because of the universal need for specialists in this area, many other Regional Councils are investigating the possibility of this strategy, which would provide opportunities for collaboration.</p>			
SFY2010 Expenditure Plan for Proposed Strategy			
Population-based Allocation for proposed strategy	\$20,900		
Budget Justification:			
This incentive provides a stipend of \$5,000 in year one, \$10,000 in year two, and \$15,000 in year three. In addition, it includes \$300 per year per therapist for licensing fees. A \$5,000 stipend for the mentor/supervisor is also included. The FY10 allocation reflects stipends and licensing fees for three therapists, and a stipend for one mentor. This mentor would supervise therapists in their first year of service commitment if they have just graduated and require supervision hours.			

IV. Summary Financial Table for SFY 2010 (July 1, 2009-June 30, 2010)

Expenditure Plan for SFY2010 Allocation	
Strategy 1 - Expand <i>Quality First!</i>	\$442,000
Strategy 2 - Child Care Health Consultants	\$100,000
Strategy 3 - Home Visiting	\$300,000
Strategy 4 - Community-based Family Sup.	\$100,000
Strategy 5 - Wage Incentive	\$48,000
Strategy 6 - Expand T.E.A.C.H.	\$65,400
Strategy 7 - Health Outreach	\$75,000
Strategy 8 - Recruit Home Providers	\$100,000
Strategy 9 - Increase SL & Soc-Emot Svcs	\$150,000
Strategy 10 - Incentives for Therapists	\$20,900
Communication	\$20,000
Evaluation	\$25,000
Regional Needs & Assets (if applicable)	\$10,000
Subtotal of Expenditures	\$1,456,300
Fund Balance (undistributed regional allocation in SFY2010)*	\$221,725
Grand Total (Add Subtotal and Fund Balance)	\$1,678,025

A fund balance has been intentionally built into the budget to ensure adequate funding in subsequent years. The service levels for eight of the ten strategies will increase each year through FY2012 as capacity to implement the strategies and deliver the required services is developed in the region.

Southeast Arizona Regional Partnership Councils are partnering in these three areas: Communication, Evaluation and Needs and Asset Reports because we understand the importance of coordinating these activities from a regionally-based standpoint which goes beyond what the state's scope of work is able to provide for these items.

V. Building the Early Childhood System and Sustainability – Three Year Expenditure Plan: July 1, 2010 through June 30, 2012

Revenue	FY 2010	FY 2011 (estimated)	FY 2012 (estimated)	Total
Population Based Allocation	\$1,678,025	\$1,678,025	\$1,678,025	\$5,034,075
Fund Balance (carry forward from previous SFY)	N/A	\$221,725	\$99,350	
Expenditure Plan	FY 2010	FY 2011	FY 2012	Total
Strategy 1 - Expand <i>Quality First!</i>	\$442,000	\$688,000	\$514,000	\$1,644,000
Strategy 2 - CC Health Cons.	\$100,000	\$100,000	\$100,000	\$300,000
Strategy 3 - Home Visiting	\$300,000	\$325,000	\$350,000	\$975,000
Strategy 4 - Community FS	\$100,000	\$125,000	\$150,000	\$375,000
Strategy 5 - Wage Incentive	\$48,000	\$64,000	\$80,000	\$192,000
Strategy 6 - Expand T.E.A.C.H.	\$65,400	\$87,200	\$109,000	\$261,600
Strategy 7 - Health Outreach	\$75,000	\$75,000	\$75,000	\$225,000
Strategy 8 - Recruit Homes	\$100,000	\$100,000	\$100,000	\$300,000
Strategy 9 - Increase S/L & S/E	\$150,000	\$150,000	\$150,000	\$450,000
Strategy 10 - Therapist Incentive	\$20,900	\$41,200	\$56,200	\$118,300
Communication	\$20,000	\$20,000	\$20,000	\$60,000
Evaluation	\$25,000	\$25,000	\$25,000	\$75,000
Regional Needs & Assets	\$10,000	\$0	\$10,000	\$20,000
Subtotal Expenditures	\$1,456,300	\$1,800,400	\$1,739,200	\$4,995,900
Fund Balance* (undistributed regional allocation)	\$221,725	\$99,350	\$38,175	
Grand Total	\$1,678,025	\$1,899,750	\$1,777,375	

This three year expenditure plan assumes a stable regional allocation of \$1,678,025. However, although the population of children birth through five in North Pima has grown, the rate of growth is lower than in other parts of the state which may result in a decrease in allocation for the region. This is one reason to build in a slight fund balance. In addition, the majority of the strategies have increased service levels over the three years, so the fund balance allows for this growth while maintaining funding for each strategy.

VI. Discretionary and Public/Private Funds

At this time, the North Pima Regional Partnership Council has not had the opportunity to have a full discussion about the potential use of discretionary dollars within the region. However, the Regional Council anticipates the need to seek additional public and/or private dollars to support sustainability of strategy implementation in FY13 and beyond.